DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
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MEDCOM Circular
No. 40-12

1 August 2003

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Medical Services

TOBACCO CESSATION OUTPATIENT FORM

1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE.

a. This circular provides policy and implementing instructions for use of the tobacco cessation outpatient form prescribed by this circular: U.S. Army Medical Command (MEDCOM) Form 709-R (Tobacco Cessation Documentation).

b. This form will facilitate outpatient treatment record (OTR) documentation by cueing practitioners to document key aspects in their assessment and treatment of patients who use tobacco products. A panel of expert consultants from the Army, Navy, Air Force, and Department of Veterans Affairs (VA) identified key aspects by thoroughly examining scientific evidence on tobacco use cessation. This panel synthesized the evidence on promoting tobacco use cessation in the Department of Defense/VA Clinical Practice Guideline to promote tobacco use cessation in the primary care setting. Key aspects were then transformed onto the form named in paragraph a above and prescribed by this circular. Use of this form is not mandatory, rather it is designed to facilitate documentation of care provided to patients who are attempting tobacco use cessation in primary care.

3. APPLICABILITY. This circular applies to all MEDCOM facilities. All facilities are granted use of the test form (prescribed herein) to document care of patients who use tobacco products.

4. REFERENCES. AR 40-66, Medical Record Administration and Health Care Documentation, provides guidance on medical record documentation and is applicable.

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*This circular supersedes MEDCOM Circular 40-12, 1 August 2001, including change.

5. EXPLANATION OF ABBREVIATIONS AND TERMS.

a. Abbreviations.

MEDCOM.....U.S. Army Medical Command
OTR.....outpatient treatment record
SF.....standard form
VA.....Department of Veterans Affairs

b. Terms. See AR 40-66.

6. RESPONSIBILITIES. See AR 40-66.

7. POLICY.

a. Personnel in military treatment facilities may use MEDCOM Form 709-R for the period of the test (through 1 August 2005) or as directed by the MEDCOM.

b. The MEDCOM test form prescribed by this circular will be filed in the OTR with the standard form (SF) 600 (Health Record-Chronological Record of Medical Care) in reverse chronological order (most recent on top).

c. MEDCOM Form 709-R may be used in lieu of the SF 600 to document treatment only for tobacco use cessation patients being treated on an outpatient basis.

d. All current requirements of AR 40-66, other than those addressed in this circular, remain in effect.

8. INSTRUCTIONS FOR USE OF THE TOBACCO CESSATION DOCUMENTATION FORM. Note: This form is authorized for local reproduction (that is, "-R" form) and is contained in appendix A of this circular. This form is to be printed head to foot.

MEDCOM Form 709-R.

a. Purpose. This form may be used to document the treatment to promote tobacco use cessation.

b. Preparation. This form has five sections. Section I, vital signs, is to be completed by the technician. Section II, patient assessment, is to be completed by the patient and reviewed by the provider. Section III, medical history and physical assessment, is to be completed by the health care provider. Sections IV and V, assessment and action plan, are to be completed by the health care provider.

c. Content. Section I includes documentation of height, weight, and vital signs. Section II includes questions on tobacco use history. Section III includes check box and

free-hand areas for documentation of the patient's medical history and physical assessment. Section IV is the primary assessment and Section V is an action plan.

APPENDIX A

Appendix A contains the following "-R" form (authorized for local reproduction).

MEDCOM Form 709-R (Tobacco Cessation Documentation)

MEDICAL RECORD - TOBACCO CESSATION DOCUMENTATION For use of this form see MEDCOM Circular 40-12	TREATMENT FACILITY	DATE

SECTION I - VITAL SIGNS *(Completed by Technician)*

TIME: _____ BP: _____ PULSE: _____ RESP: _____ TEMP: _____ HT: _____ WT: _____

ALLERGY: _____ MEDICATIONS: _____

SECTION II - PATIENT ASSESSMENT *(Completed by Patient/reviewed by Provider)*

1. At what age did you start using tobacco? _____

2. What type(s) and amount(s) of tobacco do you use?

TYPE(S)	YES	NO	AMOUNT(S)	PER DAY	PER MONTH
a. Cigarette			Packs		
b. Pipe			Bowls		
c. Cigar			Cigars		
d. Snuff			Cans		
e. Chew			Pouch		

3. How soon after you wake up do you use tobacco? ☐ After 30 minutes ☐ Within 30 minutes

4. Have you quit before? ☐ Yes ☐ No

5. How many times have you quit before? _____

6. What was the longest period you were able to quit? _____

7. What caused you to start using tobacco again?

8. Did you use any of the following to help you quit? ☐ Patch ☐ Gum ☐ Zyban ☐ Inhaler
☐ Nasal Spray ☐ Individual Counseling ☐ Formal Program ☐ Other _____

9. Why do you want to quit tobacco use? ☐ Financial Saving ☐ Breathing Problems ☐ Heart Problems
☐ Fear of Cancer ☐ Family/Social Pressure ☐ Other Issues _____

10. What support do you have available to help you quit tobacco use? ☐ Family ☐ Friends
☐ Work ☐ Other _____

11. What type of program do you believe would help you the most?
☐ Group ☐ One on One ☐ Counseling ☐ Self Quit

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*	
	(Patient's Signature/Date)

SECTION III - MEDICAL HISTORY AND PHYSICAL ASSESSMENT *(Completed by Health Care Provider)*

MEDICAL HISTORY

MEDICATIONS REVIEWED: ☐ Yes ☐ No ALLERGIES REVIEWED: ☐ Yes ☐ No LMP: _____

ETOH: ☐ Yes ☐ No ☐ Cut Down ☐ Annoyed ☐ Guilty ☐ Eye opener

During the past month have you been bothered by: Feeling down, depressed, or hopeless ☐ Yes ☐ No

Little interest or pleasure in doing things ☐ Yes ☐ No

PMH affecting use of NRT/Bupropion:

PRECAUTIONS/CONTRAINDICATIONS	YES	NO	PRECAUTIONS/CONTRAINDICATIONS	YES	NO
HEAD TRAUMA			MOOD DISORDER		
SEIZURES			POLYCYTHEMIA		
CHRONIC PAIN DISORDER			DIABETES		
LIVER DISEASE			CARDIOVASCULAR DISEASE		
HYPERTHYROIDISM			**COMPLICATIONS OF TOBACCO USE**	YES	NO
KIDNEY DISEASE			CHRONIC OBSTRUCTIVE PULMONARY DZ		
PREGNANCY			ASTHMA		
LACTATING			CORONARY ARTERY DISEASE		
SUBSTANCE ABUSE			CANCER		
EATING DISORDER			ERECTILE DYSFUNCTION		
POST TRAUMATIC STRESS DISORDER			PERIPHERAL VASCULAR DISEASE		
ANXIETY			OTHER		

Physical Assessment:

SECTION IV - ASSESSMENT *(Completed by Health Care Provider)*

PRIMARY ASSESSMENT: Tobacco Cessation V65.49 4 (DOD unique extender) ICD - 9-CM 305.1

SECTION V - ACTION PLAN *(Completed by Health Care Provider)*

1. MEDICATIONS: NRT Prescribed? ☐ YES ☐ NO

   ☐ Transdermal Nicotine (Contraindicated in Pregnancy) ☐ 7 Mg x ____ weeks ☐ 14 Mg x ____ weeks

   ☐ 21 Mg x ____ weeks ☐ ____ Mg x ____ weeks

   ☐ Polacrilex Nicotine PRN

   ☐ Other: ____ Bupropion SR 150 mg ____ po,qd x ____ days, then ____ bid.

2. Tobacco Cessation Counseling:

   ☐ Patient congratulated on decision to quit tobacco usage: Quit Date _____

   ☐ Patient advised to avoid all tobacco products during NRT.

   ☐ Tobacco cessation benefits reviewed.

   ☐ Patient advised of withdrawal symptoms.

   ☐ Patient concerns and support systems addressed.

   ☐ Patient advised to take medication as directed.

   ☐ Educational materials given to patient.

3. What type of tobacco cessation program would you like to participate in?

   ☐ Formal ☐ Group ☐ Behavior Modification ☐ One On One ☐ Self Quit Program

4. Referral To:

   ☐ Stress Management ☐ Dietary ☐ Other: _____

5. Follow-Up Appointment within 2 weeks: _____

_____

(Provider's Signature/Date)

The proponent of this publication is the Quality Management Directorate. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-Q, 2050 Worth Road, Fort Sam Houston, TX 78234-6026.

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